



**HEALTH INFORMATION TECHNOLOGY EXCHANGE OF CONNECTICUT
BOARD OF DIRECTORS SPECIAL MEETING MINUTES
Monday, January 7, 2013
4:30 pm – 6:30 pm
Bureau of Enterprise Systems and Technology
East Hartford, CT**

COMMITTEE MEMBERS PRESENT: Commissioner Jewel Mullen, Chair; Daniel Carmody (Secretary) (phone), Ellen Andrews, Ron Buckman (phone), Kevin Carr (phone), Steve Casey, Demian Fontanella (representing Victoria Veltri) (phone), Mark Heuschkel (for Commissioner Roderick Bremby), Brenda Kelley (phone), Mark Masselli (phone), Angela Mattie, Bettye Jo Pakulis (representing Lt.Gov. Nancy Wyman), Barbara Parks Wolf

COMMITTEE MEMBERS ABSENT: Commissioner Roderick Bremby, John Gadea, Steven Thornquist

HITE-CT & HIT Coordinator: John DeStefano (Chief Technology Officer), Christine Kraus (Administrative Project Officer), Bruce Chudwick (Shipman & Goodwin), Minakshi Tikoo (HIT Coordinator), Gregg Lallier (UKS) (phone), Ben Berger (UKS) (phone)

STATE AGENCY REPRESENTATIVES: Marianne Horn (DPH), Karen Buffkin (phone), Joan Soulsby (OPM), Vanessa Kapral (DPH), Mark Raymond (phone)

PUBLIC REPRESENTATIVES: Ed Tierney, Janet Petrowsky

CALL TO ORDER

J. Mullen called the meeting to order at 4:35 PM.

HITE-CT BOARD OF DIRECTORS MEETING MINUTES – October 19, 2012 Meeting Minutes

MOTION: A motion was made and seconded by S. Casey and A. Mattie, respectively, to approve the minutes. All in favor. **Motion passed.** B.J. Pakulis abstained.

HITE-CT BOARD BUSINESS

Treasurer's Report

C. Kraus provided the current financial status of HITE-CT.

For current status as of 12/31/12: total assets = \$611,219.81. HITE-CT's current liabilities are \$2,548,620.50 leaving a net loss of \$2,008,895.62. C. Kraus explained that the liabilities include unpaid Axway invoices totaling \$2,548,620.50. C. Kraus presented the cash flow document. Total expenses for November 2012 are \$28,333.69 and for December 2012 are \$32,514.35.

MOTION: A motion was made and seconded by D. Carmody and S. Casey, respectively, to approve the Treasurer's report. All in favor. **Motion passed.**

EXECUTIVE SESSION

Pursuant to Conn. Gen. Stat. Section 1-200(6)(B) strategy and negotiations with respect to a pending claim with the Axway contract.

MOTION At 4:42 p.m. a motion was made and seconded by E. Andrews and M. Masselli, respectively, to move into Executive Session to discuss attorney-client privileged communications relating to the strategy and negotiations with respect to a pending claim with the Axway contract. M. Horn, B. Chudwick, G. Lallier, B. Berger, J. DeStefano, C. Kraus, M. Tikoo, K. Buffkin, J. Soulsby, and V. Kapral were invited to attend.

Executive Session ended at 5:42 p.m.

HITE-CT OTHER BUSINESS

HITE-CT Board Vacancies

J. Mullen provided an update on the HITE-CT Board vacancies. She sent the list of vacancies requiring gubernatorial appointment to the appropriate Governor's staff. Some of the vacancies, for example, the appointments by the Speaker of the House, have been on hold due to the recent election. J. Mullen will have the executive assistant liaison follow up on the appointments. B.J. Pakulis noted that the Boards and Commissions will be meeting in another week during which time she will bring up the topic of the vacancies and needed appointments.

2013 Board Meeting Schedule

C. Kraus reported on the findings of the SurveyMonkey survey about the Preferred Day/Time for 2013 HITE-CT Board meetings. The Board members discussed various meeting days and times. While the preferred night seems to be Monday, Commissioner Bremby cannot attend on that night. Three Board members have conflicts for Thursday night and Commissioner Mullen's schedule is not conducive to daytime meetings. J. Mullen offered to check her Tuesday afternoon schedule so meetings could be scheduled at 4:30 p.m., as most members found this to be a convenient day and time. B. Chudwick suggested scheduling the next meeting as a special meeting until the schedule is adopted by the Board. Today's meeting is a special meeting, which just means you cannot add anything to the agenda. J. Mullen will follow up with C. Kraus about scheduling the next meeting.

HITE-CT BUSINESS

CTO REPORT

J. DeStefano gave a presentation about the HITE-CT Strategic Alignment and suggested revisions to the Strategic and Operational Plan to help move HITE-CT forward. The draft plan includes input from Board members and M. Tikoo and C. Kraus. J. DeStefano highlighted where the organization has been and why the utility model did not work. He emphasized that our mission continues to be the facilitation of exchange of health information to improve quality and health outcomes and to reduce cost. It is also critical that we work collaboratively with public and private partners to achieve common business goals. J. DeStefano outlined a Capacity-Building Approach with a focus on Direct services and a shared query response infrastructure. He stressed that grant funding is end-dated and offered the possibility of a cooperative agreement with other states. Immediate recommendations include updating the HITE-CT Strategic and Operational Plan, re-engaging stakeholders, developing demonstration projects, continuing work on the Department of Social Services IAPD project, and addressing the HITE-CT

organizational structure. Potential action items include publishing an RFQ for Direct Services, establishing a Direct marketplace in CT, starting to build a Provider Directory to support a Direct marketplace and other related opportunities, providing monetary assistance to healthcare organizations with the greatest need and value, creating a long-term care pilot, and establishing a possible cross-state exchange project with Rhode Island. He mentioned that along the way, HITE-CT would adopt the Directtrust.org accreditation, which would resolve issues about maintaining policies, procedures, and marketplace documentation. Phase 2 would be an Orchestrator approach—creating a thin layer state level network to connect sub-state exchanges and the public sector and providing query/response capabilities for connected participants.

J. DeStefano mentioned the different Opt-In, Opt-Out models adopted by different states, and the importance of enabling the exchange of data between organizations with different models. He emphasized the importance of having the patient's best interest in mind, and believes HITE-CT is uniquely positioned to assist the public sector, particularly with regard to connecting the public sector with the private sector (e.g., as the patient-centered medical home project moves forward, the Department of Social Services may need patient data to be sent to patient navigators).

J. DeStefano also discussed creating an Enterprise Architecture Blueprint, which would define the use cases and needed technology for exchanging health data. It could include how we get surveillance and immunization data to DPH, or how we communicate with the Department of Social Services when we want to send them a CCD for one of their patients.

Discussion followed about the presentation related to costs, downsides, how Rhode Island generates funds, and the HITE-CT/REC relationship. D. Carmody asked about fees, associated costs or downsides for the implementation of the recommended actions of the revised S&OP. J. DeStefano reported that there would be no fees to join the Rhode Island marketplace, which would be beneficial for both states. A potential downside is that we would not be in total control, but mentioned that within six months, Directtrust.org will be controlling accreditation. J. DeStefano will ask B. Chudwick to review all the RIQI marketplace documentation from a legal perspective. J. DeStefano explained that the marketplace offers an environment of approved, trusted vendors and that the HISP agreement is between a provider and the specific vendor. He indicated that funding would come into place at a time when we want to stimulate the environment and assist groups with getting them connected. J. DeStefano also discussed the possibility of joining the Interoperability Working Group. In response to B. Parks-Wolf's question about RI's funds generation, J. DeStefano noted that it has Beacon grants, grant funding, and voluntary payments from payers in the state that are directed to HIE and subsequently goes to RIQI. E. Andrews asked that we research if Medicaid and the State employee plan contribute to this fund.

J. Mullen revisited previous Board discussions about the HITE-CT connection with the REC and how they might be involved in a potential relationship with Rhode Island to keep HIE moving forward in the state. She also noted that we would want to understand more about how and why RIQI and HITE-CT would create a partnership. J. DeStefano and M. Tikoo mentioned that the RIQI leadership, including the CIO, offered to come to a Board meeting to share more information and answer any questions. J. DeStefano also reiterated that the way the RIQI marketplace is set up does not preclude any provider from any state joining it. It would give us a jumpstart, and RIQI offered to change the name of the marketplace to reflect Connecticut's participation. He also noted that HIEs in some parts of the country have begun to join forces in consideration of moving data between state lines.

M. Tikoo explained that DirectTrust.org will most likely be the body that maintains the security and privacy policies going forward. They will be accrediting HISPs.

J. DeStefano emphasized that time is critical and he would like to pursue a relationship with RIQI after B. Chudwick has vetted all their documents from a legal perspective. He mentioned that costs would be about \$120 per provider per year. Our goal is to sign on 100-200 providers, especially in the FQHCs and the Behavioral Health Community.

Discussion followed about a potential long-term care pilot project with Genesis, Hartford Hospital and St. Francis. Data could be exchanged when a patient moves from the nursing home to an Emergency Department or an inpatient setting at one of the hospitals. J. Mullen asked that the pilot be carefully designed to consider goals and potential outcomes (e.g., lower admission and readmission rates). She also noted that DPH licenses nursing homes and is responsible for quality, and to design the pilot beyond what CMS already mandates. She clarified that HITE-CT is requesting authorization from DPH to use some monies for this project.

MOTION: A motion was made and seconded by J. Mullen and M. Heuschkel, respectively, to allow J. DeStefano and C. Kraus, on behalf of HITE-CT, to continue conversations with RIQI, to enable us to have more information, and come back with a formal recommendation. HITE-CT would come back to DPH in the event that HITE-CT seeks an amended contract, because of fiscal implications. During this process, B. Chudwick will conduct due diligence on our contracts. All in favor. **Motion passed.**

J. DeStefano asked how we would proceed with regard to changes in our DPH contract, should HITE-CT be able to work out a preliminary agreement with RIQI about adopting their marketplace structure prior to the next Board meeting. J. Mullen indicated that Board approval and ONC consultation would be required for any fiscal changes. Board members suggested having an Executive Committee meeting to discuss the details.

MOTION: A motion was made and seconded by J. Mullen and A. Mattie, respectively, to reconsider the previous motion, put it back on the table, and amend it. All in favor. **Motion passed.**

MOTION: A motion was made and seconded by A. Mattie and J. Mullen respectively, to amend the original motion so that once any business terms are decided between the Rhode Island entity and HITE-CT, a special session be called at the Executive Committee to include legal counsel. All in favor. **Motion passed.**

J. DeStefano will distribute the presentation to the Board members. He also shared an update on the potential Transition of Care pilot project with the Department of Social Services that focuses on readmission rates. It would require Direct for participants. The intention is to make the marketplace available, so participants can choose from available vendors. HITE-CT would facilitate the flow of information and provide technical assistance to participants; we would not create the infrastructure. J. DeStefano has been working with B. Chudwick on an RFQ for Direct Services. B. Chudwick revised it to ensure it was compliant with the Freedom of Information Act. The purpose of the RFQ is to identify vendors who might be interested in the Direct marketplace in Connecticut and potentially be accredited for the RIQI marketplace. Any vendor can respond to the RFQ.

MOTION: A motion was made and seconded by J. Mullen and M. Heuschkel, respectively, to authorize J. DeStefano to go forward with the publication of an RFQ for Direct services in consultation with legal counsel for those services. All in favor. **Motion passed.**

COMMITTEE UPDATES

None

PUBLIC COMMENT

M. Petrowski commented that CMS has already decided on some vendors and suggested reaching out to see if the vendors are interested in responding to the RFQ. It is also important to check if they meet needed criteria for minimal connectivity (e.g., using Health Level-7). She believes a partnership with Rhode Island would be beneficial to both states and that perhaps other states could join to form a consortium.

ADJOURNMENT

MOTION: A motion was made and seconded by A. Mattie and E. Andrews, respectively, to adjourn. All in favor. **Motion passed.** The meeting adjourned at 7:21 p.m.

SCHEDULE OF MEETINGS

March 5, 2013